3031110226

FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

2013 AND GUSSTONNAM 9: 32

(Revised 06/2012)

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4MFEC MAIL CEN	TER
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4. IS THIS STATEMEN	NEW	/ (N) OR	AMENDED (A)	,	
I certify that I have example 1	nined this Statem	ent and to the bes	t of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of T	reasurer <u>Sh</u>	annon R	Lenee Meade		
Signature of Treasurer	811	Ceade	2	Date 07 19 2	013
NOTE: Submission of fals			n may subject the person signing	this Statement to the penalties of 2 U.S WITHIN 10 DAYS.	S.C. §437g.
Office Use			For further information Federal Election Commis	EFL. FLIEN	

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